



**2018 SPECIAL EDUCATION ADMINISTRATORS' ACADEMY
SEPTEMBER 13 & 14
Hot Springs Convention Center
Hot Springs, Arkansas**

Name: _____

Title: _____

District(s)/Agency: _____

Address: _____

City State Zip: _____

E-Mail Address: _____

Work or Cell (Summer) Phone Number: _____

Please check the following meal accommodations you require:

☐ Vegan ☐ Vegetarian ☐ Gluten Free ☐ Diabetic

Are you attending as a vendor for the conference? ☐ Yes ☐ No

If vendor, name of company or agency you are representing _____

Registration Fee is \$125 due on or before September 4, 2018, which includes lunch both days. A separate registration form MUST be submitted for each individual attendee. NO PURCHASE ORDERS ACCEPTED. Make your check payable to Hot Springs Convention Center.

Please make a copy of this registration form for each person that will be attending and send the form(s) with one check only to:

**Hot Springs Convention Center
C/O Elaine Musil
134 Convention Blvd.
Hot Springs, AR 71901**

Payments must be postmarked no later than September 4.

No refunds—substitutions only

